

Contractor: _____

Contact Person: _____

Contract Number: _____ - _____

Description: _____

Training Program: _____



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
 800 BAY ROAD
 P.O. Box 778
 DOVER, DELAWARE 19903

OJT MONTHLY PROGRESS REPORT

Trainee Name: _____

Enrollment Date: _____ / _____ / _____

Starting Wage Rate: \$ _____

Percent Complete: _____ %

Current Wage Rate: \$ _____

Training Phase	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Total Hours this Period	Total Hours to Date
N = Needs Improvement A = Acceptable E = Excellent								

Current Status: ☐ Progressing ☐ Disciplined (provide documents) ☐ Dismissed ☐ Quit ☐ Laid Off ☐ Completed Program

Observations and/or comments: _____

Supervisor Signature: _____ Trainee Signature: _____ Date: _____

RETAIN ORIGINAL AND MAIL COPY TO: Delaware Department of Transportation, Office of Civil Rights
 800 Bay Road, P. O. Box 778
 Dover, DE 19903